

Case Number:	CM14-0116919		
Date Assigned:	08/04/2014	Date of Injury:	01/07/2014
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old female who reported an injury on 01/07/2014 had injuries to her bilateral knees after a fall. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 06/06/2014 and it was documented the injured worker complained of persistent bilateral knee pain. The injured worker had started physical therapy and had noticed some improvement in pain. The pain was less frequent and less severe. The injured worker was still taking Motrin and reports improvement in pain level from 7/10 to 4/10. The pain was made better with medication and rest. The pain was made worse with walking, prolonged standing, and kneeling. Physical examination of the bilateral knees revealed diffuse tenderness in the anterior and superior pole of the patella. There was mild pain with patellar grind and range of motion. The injured worker had full range of motion and only mild bilateral medial joint line tenderness. Diagnoses included bilateral knee contusion and strain. The Request for Authorization, undated, was for Flurbiprofen/Cyclobenzaprine/Menthol cream. The rationale was for the injured worker's pain on her bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen/Cyclobenzaprine/Menthol Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended is not recommended. Per the guidelines referenced, there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended since there is no peer-reviewed literature to support use. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. . Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request lacked location where the cream is required on the injured worker. The proposed gel contains methyl salicylate and menthol. The documentation submitted for review indicated the injured worker had prior conservative care; however, the outcome measurements were not provided for review. Given the above, the request for Flurbiprofen/ Cyclobenzaprine/Menthol Cream, is not medically necessary and appropriate.